

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Jeff Macedo			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Press		
POSITION Deputy Press Secretary			CB/D NUMBER			DIVISION OR BUREAU Office of the Governor		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			INDEX NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
17-Feb	4:30 PM	Sacramento/ Salem, OR	77.00			16.76		212.70		0.00	11 4.90		311.36
18-Feb	8:00 PM	Portland, OR / Sacramento			10.00	18.00	10.00	212.70		123.09	11 4.90		378.69
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SUBTOTALS			77.00	0.00	10.00	34.76	10.00	425.40	0.00	123.09	22 9.80	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												674.05	
												\$690.05	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff GS at Klamath River restoration event

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

6ANZ322

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240945

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/10/10

SIGNATURE OF OFFICER APPROVING TRAVEL EXPENSES

DATE

3/15/10

DATE

OF AUTHORITY FOR SPECIAL EXPENSES